

STATINTL

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(or GSA use only)

FEDERAL FACILITY RIDESHARING REPORT

INTERAGENCY REPORTS  
CONTROL NUMBER

0258-GSA-AN

FACILITY NAME AND ADDRESS (Include ZIP Code)

2. EMPLOYEE TRANSPORTATION COORDINATOR

A. NAME

B. TITLE

C. AGENCY

D. TELEPHONE NO.

3. EMPLOYEE TRANSPORTATION PROFILE

A. AGENCY	B. NO. OF EMPLOYEES AT FACILITY	C. DRIVE ALONE	D. CAR POOL	E. VANPOOL	F. PRIVATE BUS	G. MASS TRANSIT	H. OTHER	I. NO. OF EMPLOYEES RIDESHARING	J. FACILITY GOAL
TOTALS									
PERCENTAGE									

4. FACILITY CHARACTERISTICS

FACILITY LOCATION

☐ URBAN AREA ☐ SUBURBAN AREA ☐ RURAL AREA

B. IS FACILITY SERVED BY MASS TRANSIT?

☐ YES ☐ NO

C. DOES FACILITY PROVIDE PREFERENTIAL  
PARKING FOR CAR POOLS AND VANPOOLS?

☐ YES ☐ NO (If "YES," complete  
Item D)

D. NO. OF VANPOOL PARKING  
SPACES ASSIGNED

ARE RIDE MATCHING SERVICES AVAILABLE TO  
EMPLOYEES?

☐ YES ☐ NO (If "YES," complete  
Item F)

F. WHERE ARE RIDE MATCHING SERVICES  
BASED?

☐ AT FACILITY ☐ COMMUNITY

G. IS PROGRAM INTER-RELATED WITH PROGRAMS AT NEARBY FACILITIES?

☐ YES ☐ NO

DESCRIBE PROMOTIONAL EFFORTS AT THE FACILITY (Use reverse if necessary)

NAME OF FACILITY (Name)

TITLE

SIGNATURE

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